

PTO/SB/22 (11-07)
Approved for use through 11/30/2007. OMB 0651-0031
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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)			Docket Number (Optional)			
FY 2008			2	2611-0198P		
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)				0		
Application Number	10/692,686-Conf. #	2067	Filed	October 27, 2003		
For REMULTIPLEXING APPARATUS						
Art Unit 2616			Examiner	L. P. Nguyen		
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.						
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):						
		<u>Fee</u>	Small Entity F	<u>ee</u>		
One month (37 CFR 1	l.17(a)(1))	\$120	\$60	\$		
Two months (37 CFR	1.17(a)(2))	\$460	\$230	\$		
X Three months (37 CF	R 1.17(a)(3))	\$1050	\$525	\$ 1,050.00		
Four months (37 CFR	1.17(a)(4))	\$1640	\$820 ·	\$		
Five months (37 CFR	1.17(a)(5))	\$2230	\$1115	\$		
Applicant claims small entity status. See 37 CFR 1.27.						
A check in the amount of the fee is enclosed.						
Payment by credit card. Form PTO-2038 is attached.						
The Director has already been authorized to charge fees in this application to a Deposit Account.						
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 02-2448 . I have enclosed a duplicate copy of this sheet.						
WARNING: Information on this form may become public. Credit card information should not be included on this form.						
Provide credit card information and authorization on PTO-2038. I am theapplicant/inventor						
application vertex						
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).						
attorney or ac	gent of needed. Regi	stration Number	29,680			
attomer or egept under 37 CFR 1.34.						
A Segristration	number if acting und	der 37 CFR 1.34				
			November 30, 2007			
Si Si	gnature			Date		
	el K. Mutter			03) 205-8000		
Typed or	Telephone Number					
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.						
Total of1	forms_are submi	tted.				

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Fees Paid (\$)

Approved for use through 06/30/2010. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Reduction Act of 1995, no person are required to respond to a collection of Information unless it displays a valid OMB control number. Complete if Known Effective on 12/08/2004. 10/692,686-Conf. #2067 Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). **Application Number** FEE TRANSMITTAL October 27, 2003 Filing Date Yoshiaki KATO First Named Inventor For FY 2008 Examiner Name L. P. Nguyen Applicant claims small entity status. See 37 CFR 1.27 2616 Art Unit 2611-0198P TOTAL AMOUNT OF PAYMENT 1,050.00 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Credit Card None Check Money Order Other (please identify): 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP X Deposit Account Deposit Account Number: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES SEARCH FEES EXAMINATION FEES Small Entity Small Entity Small Entity** Fee (\$) Fee (\$) Fees Paid (\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 310 155 510 255 210 105 210 105 100 50 130 65 Design 210 105 310 155 160 80 Plant 255 Reissue 310 155 510 620 310 210 105 n 0 0 Provisional 2. EXCESS CLAIM FEES **Small Entity** Fee (\$) Fee (\$) Fee Description Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 210 105 Multiple dependent claims 370 185 Fee Paid (\$) **Multiple Dependent Claims Total Claims** Extra Claims Fee (\$) Fee Paid (\$) Fee (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Fee Paid (\$) Extra Claims HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Fee Paid (\$) Number of each additional 50 or fraction thereof Fee (\$) Extra Sheets

Non-English Specification, \$139 fee	(no small entity discount)		
Other (e.g., late filing surpharge):	1,050.00		
SUBMITTED BY			
Signature	Registration No. (Attorney/Agent) 29,680	Telephone	(703) 205-8000
Name (Print/Type) Michael K. Mutter		Date	November 30, 2007
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(round up to a whole number) x

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4. OTHER FEE(S)